L22000318887

	(Requestor's Name)					
	(Address)					
(Address)						
	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 350,825 8440893							
AUTHORIZATION :							
COST LIMIT : \$ 25.00							
ORDER DATE: March 4, 2024							
ORDER TIME : 2:40 PM							
ORDER NO. : 350825-006							
CUSTOMER NO: 8440893							
**							
CHANGE OF AGENT							
NAME: SCI DOUBLE E MHP, LLC							
DI FACE DEMUNIC MUE COLLOCATIVA AC DECCE OF DELEVIC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Amanda Miller EXT#							
EXAMINER:							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: SCI DOUBLE	E MHP, LI	LC				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
	100 S BELCHER RD UNIT 7534		100 S B	ELCHER RD UNIT 7534	4		
	CLEARWATER, FL 33758		CLEARWATER, FL 33758				
	08/30/2022		L220003	78887			
3.	Date of filing/registration in Florida	4.		Document number			
. (a)							
5. (a)	Registered Agent and Registered Office shown on the records of the shown on th	of the Florida	a Dept. of St	ate:			
	INCORP SERVICES, INC.		•				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			TAL	202		
	3458 LAKESHORE DRIVE			L A	##	ا د.است	
	TALLAHASSEE	32312 FL		AHASS	2024 MAR -4	-	
		.			". ∷)= >		
(b)				_ _			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	ldress:	, FLORIDA	9: 51		
	Corporation Service Company			N N	i': 4-		
	NEW Registered Office Address:			_			
	1201 Hays Street						
	Tallahassee	32301 FL					
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the ne registere liability co s of the lim	ed office a ompany, it nited liabili	nd the business office of is hereby confirmed that ity company or as other	f the regi t the cha	stered nge(s)	
	57 Brian Spear			Authorized Person			
I here provis the ob to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and a jons of all statutes relative to the proper and complet ligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	gree to act le perform led for in C I hereby co	in this cap ance of my Thapter 60 onfirm thai	Printed or typed name of spacity. I further agree to duties, and I am familiant, F.S. Or. if this document the limited liability con	- o connly	with the and accept eing filed as been	

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